

Liberty Health Cover Service Provider Banking Details Change Request Form



LIFE INVESTMENTS HEALTH CORPORATE PROPERTIES ADVICE

Important: please read the following before completing this application form

- Please write clearly using capital and block letters.
- It is compulsory to complete all the fields in this form.

Liberty Health Cover unique practice number	<input type="text"/>
Practice / Dr / Facility owner name	<input type="text"/>
Physical address	<input type="text"/>
Postal address (if different from physical address)	<input type="text"/> Postal code <input type="text"/>
	<input type="text"/> Postal code <input type="text"/>

CONTACT DETAILS

Name of responsible person	<input type="text"/>
Telephone numbers (please include country and area code)	+ <input type="text"/>
Cellphone numbers (please include country and area code)	+ <input type="text"/>
Fax numbers (please include country and area code)	+ <input type="text"/>
Emergency contact telephone number	+ <input type="text"/>
E-mail address	<input type="text"/>
Internet access (tick correct)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Preferred communication method (tick your selection)	<input type="checkbox"/> Telephone <input type="checkbox"/> Mobile <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> Post <input type="checkbox"/> Hand delivery

CURRENT BANKING DETAILS

Account holder name	<input type="text"/>
Account number	<input type="text"/>
Account type	<input type="checkbox"/> Savings <input type="checkbox"/> Cheque <input type="checkbox"/> Transmission Other <input type="text"/>
Bank	<input type="text"/>
Branch name	<input type="text"/>
Branch code	<input type="text"/> Swift code <input type="text"/>
NIB (If applicable)	<input type="text"/>
IBAN (If applicable)	<input type="text"/>

NEW BANKING DETAILS

Account holder name	<input type="text"/>																																				
Account number	<input type="text"/>																																				
Account type	<input type="checkbox"/> Savings	<input type="checkbox"/> Cheque	<input type="checkbox"/> Transmission	Other	<input type="text"/>																																
Bank	<input type="text"/>																																				
Branch name	<input type="text"/>																																				
Branch code	<input type="text"/>																		Swift code	<input type="text"/>																	
NIB (If applicable)	<input type="text"/>																																				
IBAN (If applicable)	<input type="text"/>																																				

Please attach the following documents

- Copy of the account holder's Identity Document/Passport/Drivers Licence.
- Copy of a bank stamped letter confirming banking details not older than 3 months.
- Signed and stamped letter from the provider confirming the request

DISCLAIMER: No banking details will be accepted without the abovementioned mandatory documents.

PROVIDER DECLARATION

I hereby declare the above to be true

Registration/Practice no.	<input type="text"/>																																																
Name	<input type="text"/>																																																
Signature	<input type="text"/>																																Date	<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>			
Provider stamp	<input type="text"/>																																																

FOR OFFICIAL USE

FRONT OFFICE DECLARATION

I hereby declare that I have received and verified the above information with the required mandatory documents.

Name	<input type="text"/>																																																
Signature	<input type="text"/>																																Date	<input type="text"/>				<input type="text"/>				<input type="text"/>				<input type="text"/>			
Front office stamp	<input type="text"/>																																																
Submitted to email address	<input type="text"/>																																																